	PATI	ENT Appi II	CATION E	عن محم								
	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004								Application or Dockel Number 10/528423			
1		CLAIM	S AS FILED	- PART	1							
	0.445		(Colu	(Column 1)		(Column 2)		ENTITY	i (IER THAN LL ENTITY	
L	.S. NATIONA	L STAGE FEE	S				RATE			Olliza	CC CH (14)	
B.	BASIC FEE		SMALL ENT. = \$ 150		LARGE ENT.	= \$ 800	BASIC FEE	-	2	RATE		
Ð	CAMINATION	FEE	Satisfies PCT	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		All other situations = \$ 100 / \$ 200		1/2		R BASIC FEE	<u> </u>	
SE	ARCH FEE		U.S. Is ISA =	U.S. Is ISA = \$ 50 / \$ 100 ALL other countries =		All other situations =		100	-	EXAM. FEE		
FE	E FOR EXTRA	SPEC. PGS.		\$200/\$400 minus 100 =		\$ 250/\$ 500 SEARCH FE		- m		SEARCH FE	£	
то	TAL CHARGE	ABLE CLAIMS	- _ 	 		700-				X \$ 250	=	
iMC	DEPENDENT C	CLAIMS	 	2 minus 3 =			X \$ 25 =		OF	X \$ 50 =		
_		NDENT CLAIM P		<u>-</u> -		\exists	X \$ 100 = + \$ 180 =		OF			
* -{	f the difference	e in column 1 is	less than zer	less than zero, enter "0" i		column 2		1100	OR	7 000		
•		•				•	TOTAL	450	OR	TOTAL		
•		CLAIMS AS (Column 1)	AMENDED	PART (Column		na 31	SMALL	ENTITY		OTHER	R THAN	
MENTA		CLAIMS REMAINING		HIGHEST				_	OR 7	SMALL	ENTITY	
	Total	AFTER AMENDMENT		PREVIOUS PAID FO	SLY EXT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Independent		Minus	444	=		X \$ 25 =		OR	X \$ 50 =	ree	
∢.			Minus MI TIPLE DEP	LTIPLE DEPENDENT CLA			X \$ 100 =		OR	X \$ 200 =		
				STATE DEPENDENT CLAIM			+ \$ 180 =		OR	+\$360=		
		:					FEE		OR	TOTAL ADDIT. FEE		
7		(Column 1) CLAIMS		(Column :		n 3)					,	
MEN! B	Total	REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	PRESE		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ź I	Independent		Minus	**	=		X \$ 25 =		OR.	X \$ 50 =	VEE	
₹		ENTATION OF M	Minus	***	=		X \$ 100 =		OR	X \$ 200 =		
			OCTIFIE DEPE	TIPLE DEPENDENT CLAI		VI .			OR	+ \$ 360 =		
	•	•	• • •				TOTAL ADDIT.		OR T	OTAL ADDIT. FEE		
. J	the "Highest Num The "Highest Num	mn 1 is less than the mber Previously Paic mber Previously Paid iber Previously Paid	FOR IN THIS SPA	CE is less than	1 '20', enter "20".	ound in the	e appropriate box i	⊓ column 1.				
MP	TO-875 (Rev. 02/			·							•	
							. Palent and T	mdomed OF-			J`	